

93d

Reg. Dist. No. 162

1. PLACE OF DEATH.

County..... **E** **Garrett**

City or town..... **Bloomington**
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... **70 years**

Hospital, institution, or street address where death occurred:
.....

How long in hospital or institution?.....

(For newborn infants give residence of mother)

State.....Maryland.....County.....Garrett.....
City or town.....Bloomington.....
(If outside city or town limits, write RURAL and give nearest town)
Street No.....- - - - -
(If rural, give LOCATION) #
- - - C - - -
2.(a) If veteran, name war.....

PHILADELPHIA HALDY ELLIOTT

3. (b) Social Security Number

4. Sex Female	5. Color or race White	6.(a) Single, married, widowed, or divorced Widow
6.(b) Name of husband or wife..... Scott Elliott		
6.(c) If alive, give age..... - - years		
7. Birth date of deceased (mo., day, yr.) October 9, 1862		
8. AGE:	Years	Months
	85	0
		Days
		25
		If less than one day
	 hrs. min.

9. Birthplace.....		Barton, Allegany, Maryland (Town, county, and state)
10. Usual occupation.....		Domestic
11. Industry or business.....		Own home
FATHER	12. Name.....	Frederick S. Poland
	13. Birthplace.....	Barton, Maryland
MOTHER	14. Maiden name.....	Mary Jane Howell
	15. Birthplace.....	Barton, Maryland

16. Informant.....
Address.....
17. Burial..... Date thereof..... Nov. 7, 1947
(Burial, cremation, or removal, Which?)..... (month) (day) (year)
Cemetery or crematory.....
Location.....
18. Funeral director.....
Address.....
19. 11-7..... 19 47.....
(Date rec'd by registrar)..... Registrar.....

20. DATE OF DEATH November 4th 1947 at 7:25

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 1947 to Nov 48
 and that I last saw her alive on Nov 31 1948

Immediate cause of death	DURATION
Myocardial degeneration	6 mo
Due to	
Due to	
Other conditions	29 s

(Include pregnancy within 3 months of death)

Major findings of operations.....Date of op.

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did Injury occur?
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE: [Signature] M. D. or other 1/6/4
Address: [Signature] Date signed 1/6/4

MARGIN RESERVED FOR BINDING

9.45.15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 8 1947

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 100826

1. PLACE OF DEATH:

County Garrett
City or town Oakland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 10 yrs.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Garrett
City or town Oakland
(If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Mrs. Lucy Ann Fulk

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
6.(b) Name of husband or wife Charles Fulk
7. Birth date of deceased (mo., day, yr.) June 13, 1877
8. AGE: Years 70 Months 5 Days 4 If less than one day
.....hrs.min.

9. Birthplace Garrett Co., Md.
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business

12. Name Jacob Hauser
13. Birthplace Garrett Co., Md.
14. Maiden name Margaret Ann Roth
15. Birthplace Garrett Co., Md.

16. Informant Mrs. Margaret Morris
Address Oakland, Md.

17. Burial Red House Date thereof November 20, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory near Oakland, Md.
Location

18. Funeral director Emory Bolden
Address Oakland, Md.

19. 11/20/47 Julia A. Rowan
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 17, 1947 5:15A. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4 Sept. 1947 to 17 Nov. 1947
and that I last saw her alive on 16 Nov. 1947

Immediate cause of death Carcinoma of the liver with ascites -
DURATION

Due to
Due to
Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE A.E. Prince M. D. or other
Address Oakland Md Date signed 18 Nov 47

MARGIN RESERVED FOR BINDING

9-45-15M

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

RECEIVED
DEC 3 1947
BUREAU V C

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:

County Garrett
 City or town Oakland, Maryland.
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life time
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garrett
 City or town Oakland, Maryland.
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war.

3. (a) FULL NAME

William Andrew Gonder.

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married,

6.(b) Name of husband or wife Hattie Gonder.

7. Birth date of deceased (mo., day, yr.) November 12th, 1882.
 6.(c) If alive, give age 62 years

8. AGE: Years 65 Months 0 Days 14 If less than one day _____ hrs. _____ min.

9. Birthplace Oakland, Maryland.
 (Town, county, and state)

10. Usual occupation Merchant.

11. Industry or business

12. Name Andrew B. Gonder.13. Birthplace Cumberland, Maryland.14. Maiden name Mary Martha Casteel.15. Birthplace Garrett County.16. Informant Mrs. Hattie Gonder.Address Oakland, Maryland.

17. Burial Date thereof Nov. 29/47
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Peters Cemetery.Location Oakland, Maryland.18. Funeral director Emory D. Baldeu.Address Oakland, Md.

19. 11/29/47 Registrar Julius A. Kavan
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

P. M

20. DATE OF DEATH November 26th 19 47 at 1:45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 21 1947 to Nov. 24 1947
 and that I last saw him alive on Nov 23 1947

Immediate cause of death Pulmonary Em bolism
 DURATION

Due to Post operative state and
Nephrosclerosis
 Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations nephrosclerosis - Dept
water Date of op. Sept 1947

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE E. J. Bauman M.D. M. D. or other

Oakland Md Address _____ Date signed 12/1/47

operated on at Walter Hospital
Washington D.C.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10083

Reg. Dist. No. 166

1. PLACE OF DEATH:

County Garrett
 City or town Oakland, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life time
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garrett
 City or town Oakland, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Lucretia Francis King Hogue.

3. (b) Social Security Number

NONE

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widow
 6.(b) Name of husband or wife Charles L. Hogue.
Deceased 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) May 10th, 1866
 8. AGE: Years 81 Months 6 Days 1 If less than one day _____ hrs. _____ min.

9. Birthplace Garrett County, MARYLAND
 (Town, county, and state)
 10. Usual occupation Practical Nurse.
 11. Industry or business _____

12. Name Issac King.
 13. Birthplace Garrett County, MD
 14. Maiden name Unknown
 15. Birthplace Unknown

16. Informant Mrs. Paul Kempfer.
 Address Oakland, Maryland.
 17. Burial Date thereof Nov. 13/47
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Oakland Cemetery.
 Location Oakland, Maryland.

18. Funeral director Emory Bolden
 Address Lablady, Md.
11/13/47 19. Julia V. Rowan
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

A.M.

20. DATE OF DEATH November 11th, 1947 4:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov. 1 1947 to Nov. 10 1947
 and that I last saw him alive on Nov. 10 1947

Immediate cause of death

Myocardial failure

Due to

Due to

Coronary thrombosis.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE

J. E. Hannon MD
Doakland, Md. Date signed Nov. 13/47
 Address _____

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NOV 28 1947
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10684

Reg. Dist. No. 166

1. PLACE OF DEATH:

County Garrett
 City or town Oakland, Md., Route 1.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life time
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garrett
 City or town Oakland, Md., Route #1
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Henry Howell.

3. (b) Social Security Number

None.

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single.
 6.(b) Name of husband or wife _____
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) August 23d, 1864.
 8. AGE: Years 83 Months 2 Days 27 If less than one day _____ hrs. _____ min.

9. Birthplace Garrett County, Maryland.
 (Town, county, and state)
 10. Usual occupation Retired Farmer.
 11. Industry or business _____

FATHER 12. Name Henry Howell.
 13. Birthplace Unknown.
 MOTHER 14. Maiden name Sarah E. Green.
 15. Birthplace Barton, Maryland.

16. Informant Mrs. LeRoy Friend.
 Address Oakland, Md., Route #1
 17. Burial Date thereof Nov. 23/47.
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Glen Dale Cemetery.
 Location Near Oakland, Md.

18. Funeral director Emory D. Balder
 Address Oakland, Md.

19. 11/23/ 19 47 Julius A. Rowan
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

A.M.

20. DATE OF DEATH November 21st 19 47 at 10:00 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____ to _____ 19 _____

and that I last saw him _____ alive on _____ 19 _____

Immediate cause of death _____ DURATION _____

Arterio-sclerosis

Due to carcinoma of Liver

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Julius A. Rowan M. D. or other _____

Address Oakland, Md. Date signed 11/27/47

DEC 3 1947

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 10508 166

1. PLACE OF DEATH:

County Garrett
 City or town Mt. Lake Park,
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 53 yrs.
 Hospital, institution, or street address where death occurred:
Loch Lynn Heights
 How long in hospital or institution? ---

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Garrett
 City or town Mt. Lake Park,
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Loch Lynn Heights
 (If rural, give LOCATION)
 2.(a) If veteran, name war ---

3. (a) FULL NAME

Jennie M. (Stever) Lipscomb

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife P. T. Lipscomb
 7. Birth date of deceased (mo., day, yr.) February 9, 1862 6.(c) If alive, give age 85 years
 8. AGE: Years 85 Months 9 Days 18 If less than one day --- hrs. --- min.

9. Birthplace Huntingdon Co., Pa.
 (Town, county, and state)
 10. Usual occupation House Wife
 11. Industry or business Own Home
 12. Name John Stever
 13. Birthplace Huntingdon Co., Pa.
 14. Maiden name Unknown
 15. Birthplace Unknown

16. Informant P. T. Lipscomb
 Address Mt. Lake Park, Md.
 17. Burial Date thereof Nov. 30, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Baptist Cemetery
 Location Calvin; Huntingdon Co., Pa.
 18. Funeral director Herbert C. Leighten
 Address Oakland, Maryland.

19. 11/30/47 Julius G. Rowan
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 27, 19 47 at 11:30A M.

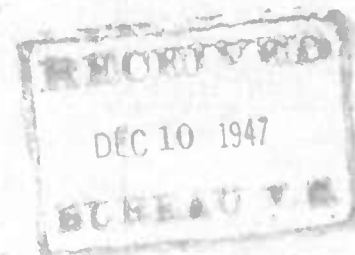
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 25 November 1947 to 27 November 1947
 and that I last saw her alive on 25 November 1947

Immediate cause of death Coronary Occlusion
 Due to Arteriosclerosis
 Due to Anemia, nutritional
 Other conditions ---
 (Include pregnancy within 8 months of death)

Major findings of operations ---
 Date of op. ---
 Autopsy results ---
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide --- Date of ---
 Where did injury occur? --- (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) ---
 Means of injury --- Injured at work? ---

23. SIGNATURE A.E. Mann MD M. D. or other ---
 Address Oakland Md Date signed 30 Nov 47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

100852
Reg. Dist. No. 100852

1. PLACE OF DEATH:

County Garrett
City or town Rural - Jennings
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life time
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garrett
City or town Rural - Jennings, Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2(a) If veteran, name war

3. (a) FULL NAME

William David Meyers

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife
6. (c) If alive, give age. years

7. Birth date of deceased (mo., day, yr.) November 22, 1939

8. AGE: Years 7 Months 11 Days 18 If less than one day hrs. min.

9. Birthplace Rural-Jennings Garrett Maryland
(Town, county, and state)

10. Usual occupation School Boy

11. Industry or business

12. Name Herman Wm Meyers

13. Birthplace Near Jennings, Md.

14. Maiden name Gladys E. Rowser

15. Birthplace Near Bittering, Md.

16. Informant Herman Meyers

Address Near Jennings, Md.

17. Burial Date thereof Nov 21, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematorium xxxx Grantsville

Location Grantsville, Md.

18. Funeral director Wm Winterberg

Address Grantsville, Maryland

19. Nov 20 47 Ethel Broadwater
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 18 1947 at 10 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 18 1947 to Nov 18 1947 and that I last saw him alive on Nov 18 1947

Immediate cause of death Encephalitis

Due to

Due to

Due to

Other conditions Colitis acute

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

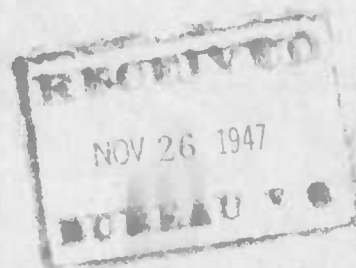
23. SIGNATURE N. P. Davis M.D.

Address Grantsville, Md. Date signed Nov 19

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and legible is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:

County Garrett
 City or town Mt. Lake Park, Md.
 (if outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 20 Years.
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Richard Leon Roy.

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married.

6. (b) Name of husband or wife

Orpha Killius Roy.

7. Birth date of deceased (mo., day, yr.)

May 5th 19136. (c) If alive, give age 30 years

8. AGE:

Years

Months

Days

If less than one day

34617

hrs.

min.

9. Birthplace

Parson, W. Va.

(Town, county, and state)

10. Usual occupation

Salesman.

11. Industry or business

FATHER

12. Name

James R. Roy.

13. Birthplace

West Va.

MOTHER

14. Maiden name

Busan Fulmer.

15. Birthplace

Garrett County.

16. Informant

Mrs. Orpha Roy.

Address

Mt. Lake Park, Md.

17.

Burial

Date thereof

Nov. 24/47

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Oakland Cemetery.

Location

Oakland, Md.

18. Funeral director

Emory P. Bolden

Address

Oakland, Md.

19.

11/24/47
(Date rec'd by registrar)

19.

47Julius A. Kwan

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garrett
 City or town Mt. Lake Park, Md.
 (if outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

No. 11. Serial No.

2. (a) If veteran, name war

Bank-

3. (b) Social Security Number

212-18-1658

MEDICAL CERTIFICATION

A.M.

20. DATE OF DEATH November 22d 19 47 at 6:18 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 2019 47to 26 Nov.19 47and that I last saw him alive on 21 November 19 47

Immediate cause of death

Carcinoma of left lung

DURATION

1 1/2 yrs.

Due to

metastatic carcinoma to brain & liver and lymph glands.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

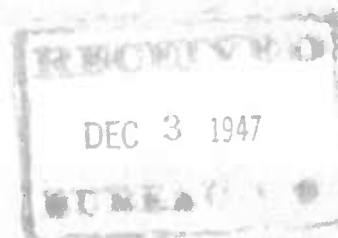
23. SIGNATURE

A.E. Mance

M. D. or other

Address

Oakland, Md.Date signed 24 Nov 47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

 10087
 95c
 167
 Reg. Dist. No.

1. PLACE OF DEATH:

County Garrett
 City or town Rural Gorman
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 30 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Garrett
 City or town Rural Gorman
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 6 Mi West Gorman
 (If rural, give LOCATION)
 2.(a) It veteran, name war _____

3. (a) FULL NAME

Earl C. Schrock

3. (b) Social Security Number

232-09-0455

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Irene Lipscomb Schrock
 6.(c) If alive, give age 29 years
 7. Birth date of deceased (mo., day, yr.) July 23, 1887
 8. AGE: Years 60 Months 3 Days 13 It less than one day _____ hrs. _____ min.

9. Birthplace Penna.
 (Town, county, and state)
 10. Usual occupation Coal Miner
 11. Industry or business Coal Mines
 12. Name William Schrock
 13. Birthplace Penna.
 14. Maiden name Emma Bittinger
 15. Birthplace Preston Co., W. Va.

16. Informant Mrs. Earl C. Schrock
 Address R. D. Gorman, W. Va.
 17. Burial Date thereof Nov. 9, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Fairview Cemetery
 Location 4 Mi. West Gorman, Md.
 18. Funeral director Nerbert C. Keighon
 Address Oakland, Md.
 19. 11/12 1947 Edwin C. Shaffer
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 5, 1947 at 5:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 5th 1947 to November 5th 1947
 and that I last saw him alive on November 5th 1947

Immediate cause of death
Hemorrhage of Stomach
Suspected Cancer
Heart Lesion

Due to _____
 Due to _____
 Other conditions _____

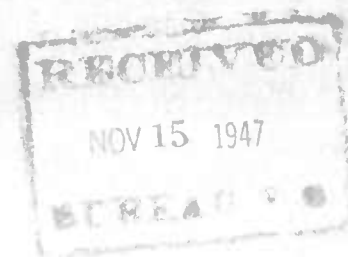
(Include pregnancy within 3 months of death)

Major findings of operations _____
 Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE Edwin C. Shaffer
Oakland, Md. M. D. or other _____
 Address _____ Date signed 11-87



CERTIFICATE OF DEATH

NAME OF DECEASED
 SEX
 AGE
 DATE OF BIRTH
 PLACE OF BIRTH
 OCCUPATION
 CAUSE OF DEATH
 PLACE OF DEATH
 DATE OF DEATH

EDUCATION
 MARRIAGE
 PREVIOUS ILLNESS
 PREVIOUS SURGERY
 PREVIOUS TRAUMA
 PREVIOUS DRUGS
 PREVIOUS ALCOHOL
 PREVIOUS TOBACCO
 PREVIOUS OTHER

PREVIOUS INJURY
 PREVIOUS FEVER
 PREVIOUS RASH
 PREVIOUS SWELLING
 PREVIOUS PAIN
 PREVIOUS OTHER

PREVIOUS DEATH
 PREVIOUS OTHER

PREVIOUS OTHER

NAME OF PHYSICIAN
 ADDRESS
 CITY
 STATE
 ZIP

NAME OF HOSPITAL
 ADDRESS
 CITY
 STATE
 ZIP

NAME OF FUNERAL HOME
 ADDRESS
 CITY
 STATE
 ZIP

NAME OF CORONER
 ADDRESS
 CITY
 STATE
 ZIP

NAME OF OTHER

RECEIVED
 NOV 18 1947
 BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County Harrett
 City or town Wt. Lake Park Md
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? seven mo
 Hospital, institution, or street address where death occurred:

1900 Nursing Home
 How long in hospital or institution? seven months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State W. Va. County Hampshire
 City or town Near Augusta
 (If outside city or town limits, write RURAL and give nearest town)

Street No. ✓
 (If rural, give LOCATION)

2.(a) If veteran, name war.

3. (a) FULL NAME

Florence Nichols Timbrook

3. (b) Social Security Number

4. Sex female 5. Color or race white 6.(a) Single, married, widowed, or divorced widowed

6.(b) Name of husband or wife Nash Gibson Timbrook

7. Birth date of deceased (mo., day, yr.) Sept. 6, 1881 6.(c) If alive, give age 66 years

8. AGE: Years 66 Months 2 Days 19 It less than one day hrs. min.

9. Birthplace Kirby, Hampshire county, W. Va.
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Lease Nichol

13. Birthplace Kirby, W. Va.

14. Maiden name Florence Bell Nichols

15. Birthplace Near Kirby W. Va.

16. Informant Mrs B O Wade

Address 716 Louisiana Ave Cumberland Md

17. Burial - Removal Date thereof November 27 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Augusta Cemetery

Location Augusta W. Va.

18. Funeral director Wade McKee

Address Augusta W. Va.

Nov. 27 47 Julius A Rowan
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 25 1947 at 8 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 22 1947 to November 25 1947 and that I last saw her alive on November 24 1947

Immediate cause of death Paralysis and heart failure

DURATION

Due to high blood pressure and paralysis of a former date

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Edward J. [Signature] M. D. or other

Address Augusta W. Va. Date signed Nov 25 47

RECEIVED

DEC 3 1947

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10090

Reg. Dist. No. 166

1. PLACE OF DEATH:

County Garrett
 City or town Oakland, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life time.
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garrett
 City or town Oakland, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Charles Franklin White.

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married.
 6.(b) Name of husband or wife Estella Jarboe White.
 7. Birth date of deceased (mo., day, yr.) Oct. 10th, 1863
 6.(c) If alive, give age 81. years
 8. AGE: Years 84 Months 1 Days 3 It less than one day _____ hrs. _____ min.

9. Birthplace Garrett County, MARYLAND
 (Town, county, and state)

10. Usual occupation Timberman.

11. Industry or business

12. Name Garrett White.
 13. Birthplace Preston County.
 14. Maiden name Mary Shaw.
 15. Birthplace Preston County.

16. Informant Mrs. Estella White.
 Address Oakland, Md.

17. Burial Date thereof Nov. 16/47
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Oakland Cemetery.
 Location Oakland, Md.

18. Funeral director Emory P. Bolden
 Address Oakland, Md.

19. 11-16- 19 47 Julia A. Rowan
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

P.M.

20. DATE OF DEATH Nov. 13th, 19 47 at 10:00 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 46 to 13 Nov. 1947
 and that I last saw him alive on 13 Nov. 19 47

Immediate cause of death

Broncho pneumonia

DURATION

6 days

Due to

Arteriosclerosis10 yrs.

Due to

Cerebral embolism4 yrs.

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE AS. Phance 82 5
 M. D. or other

Address Oakland Md Date signed 18 Nov 47

RECEIVED

NOV 28 1947

BUREAU V C

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10091

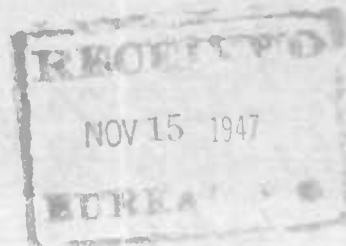
Reg. Dist. No. 162

1. PLACE OF DEATH: County..... <u>GARRETT</u> City or town..... <u>GRANTSVILLE</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... Hospital, institution, or street address where death occurred: <u>Grantsville MD RD #1</u> How long in hospital or institution?.....		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State..... <u>MARYLAND</u> County..... <u>GARRETT</u> City or town..... <u>GRANTSVILLE (RURAL)</u> (If outside city or town limits, write RURAL and give nearest town) Street No..... <u>RD #1</u> (If rural, give LOCATION) 2.(a) If veteran, name war..... <u>no</u>	
3. (a) FULL NAME <u>JUDITH-CAROL-YONKIN</u>		3. (b) Social Security Number <u>NONE</u>	
4. Sex <u>F</u> 5. Color of race <u>white</u> 6. (a) Single, married, widowed, or divorced <u>single</u>		MEDICAL CERTIFICATION	
B. (b) Name of husband or wife		20. DATE OF DEATH <u>Nov 13</u> 19 <u>47</u> at <u>8:00 A.M.</u>	
7. Birth date of deceased (mo., day, yr.) <u>JULY-30-1947</u> 6. (c) If alive, give age years		21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>July 30</u> 19 <u>47</u> to <u>Nov 13</u> 19 <u>47</u> and that I last saw him/her alive on <u>Nov 2</u> 19 <u>47</u> Immediate cause of death..... <u>Strangulate</u> <u>inguinal hernia</u>	
8. AGE: Years..... Months..... Days..... If less than one day..... hrs..... min. <u>3</u> <u>14</u>		DURATION	
9. Birthplace <u>GARRETT-Co Md.</u> (Town, county, and state)		Due to.....	
10. Usual occupation <u>none</u>		Due to.....	
11. Industry or business <u>none</u>		Other conditions.....	
12. Name <u>Howard E. Yonkin</u>		(Include pregnancy within 3 months of death)	
13. Birthplace <u>Seelye Co Md.</u>		Major findings of operations	
14. Maiden name <u>Ruth E. Swengel</u>		Date of op.....	
15. Birthplace <u>Seelye Co Md.</u>		Autopsy results	
16. Informant <u>Howard Clayton Yonkin</u>		PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address <u>Grantsville Md.</u>		22. VIOLENCE: If death was due to external causes, fill in the following:	
17. Burial <u>Nov 14-47</u> Date thereof (Burial, cremation, or removal. Which?) (month) (day) (year)		Accident, suicide, or homicide..... Date of.....	
Cemetery or crematory <u>GRANTSVILLE MD Cemetery</u>		Where did injury occur?..... (City or town)..... (County)..... (State)	
Location <u>Grantsville Md.</u>		Injured at home, farm, industry, public place (where?).....	
18. Funeral director <u>Samuel M. Thomas</u>		Means of injury..... Injured at work?.....	
Address <u>Salisbury Renna</u>		23. SIGNATURE <u>N. R. Davis M.D.</u>	
19. JUN 13 19 <u>47</u> Date rec'd by registrar <u>Elmer R. Woodruff</u> Registrar		Address..... <u>Grantsville Md.</u> Date signed <u>Nov 13 47</u>	

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GRANTVILLE, OHIO
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